



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/753,246
		Filing Date	December 29, 2000
		First Named Inventor	Louis A. Lippincott
		Art Unit	2134
		Examiner Name	Ho, Thomas M.
Total Number of Pages in This Submission	14	Attorney Docket Number	42390P9941

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

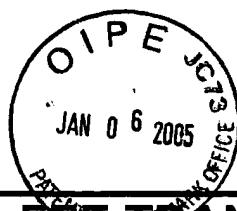
Firm or Individual name	Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 30, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Margaux Rodriguez
Signature	
Date	December 30, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vir) 06/04/2004
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEET TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

<i>Complete if Known</i>	
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Examiner Name	Ho, Thomas M.
Art Unit	2134
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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	FeePaid
Total Claims	20	20**	= 0 x 50.00	= \$0.00
Independent Claims	4	4**	= 0 x 200.00	= \$0.00
Multiple Dependent				

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple Dependent claim, if not paid	
1204	300	2204	150	**Reissue independent claims over original patent	
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)			(2)		0.00

***or number previously paid, if greater. For Reissues, see below*

2 ADDITIONAL FEES

Large Entity Small Entity

Fee Description
e filing fee or oath
e provisional filing fee or cover sheet.
ecification
eply within first month
eply within second month
eply within third month
eply within fourth month
eply within fifth month
al
support of an appeal
al hearing
tute a public use proceeding
Commissioner
under 37 CFR 1.17(q)
Information Disclosure Stmt
ision after final rejection (37 CFR § 1.
onal invention to be examined (37 CFR

Fee Paid
450.00

Other fee (specify)

SUBTOTAL (2)

(\$)

SUBMITTED BY

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Farzad E. Amini	Registration No. (Attorney/Agent)	42,261	Telephone
Signature			Date	12/30/04